APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATIO 10/673,710 09/29/2003 Norman E. Peterson S819 2460  TITLE OF INVENTION: ENHANCED GRAVITY CASTING  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUT nonprovisional YES \$700 \$300 \$1000 07/14/200  EXAMINER ART UNIT CLASS-SUBCLASS  TRAN, LEN 1725 164-133000  1. Change of correspondence address or indication of "Fee Address" (37. CFR 1.363).  Change of correspondence address or indication of "Fee Address" (37. CFR 1.363).  1. Change of correspondence address or indication form PTO/SIM27, Rev 63-02. or more recent) attached. Use of a Customer PTO/SIM27, Rev 63-02. or more recent) attached. Use of a Customer PTO/SIM27, Rev 63-02. or more recent) attached. Use of a Customer PTO/SIM27, Rev 63-02. or more recent) attached. Use of a Customer PTO/SIM27, Rev 63-02. or more recent) attached. Use of a Customer PTO/SIM27, Rev 63-02. or more recent) attached. Use of a Customer PTO/SIM27, Rev 63-02. or more recent) attached. Use of a Customer PTO/SIM27, Rev 63-02. or more recent) attached. Use of a Customer PTO/SIM27, Rev 63-02. or more recent) attached. Use of a Customer PTO/SIM27, Rev 63-02. or more recent) attached. Use of a Customer PTO/SIM27, Rev 63-02. or more recent) attached. Use of a Customer PTO/SIM27, Rev 63-02. or more recent) attached. Use of a Customer PTO/SIM27, Rev 63-02. or more recent) attached. Use of a Customer PTO/SIM27, Rev 63-02. or more recent) attached. Use of a Customer PTO/SIM27, Rev 63-02. or more recent) attached. Use of a Customer PTO/SIM27 Rev 63-02. or more recent) attached. Use of the Customer PTO/SIM27 Rev 63-02. or more recent) attached. Use of the Customer PTO/SIM27 Rev 63-02. or more recent pto 10	IPE		PART B	- FEE(S) TR	RANSMITTAL		
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TRAN, LEN  1725  164-133000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).    Change of correspondence address (or Change of Correspondence Address form PTO/SB1/22) attached.   Tree Address" indication (or "Fee Address" Indication form PTO/SB1/22) attached. Use of a Customer Number is required	APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE			DATE DUE
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Typed or printed name CARL LIJOHNSON Registration No. 24 273		CARL L	JOHNSO		Registration	No. 24 273	7 7

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